



Inspection Report on

Lynton Community Care - Caerphilly

**Lynton Community Care Ltd
Unit A
27 Commercial Street
Hengoed
CF82 7DW**

Date Inspection Completed

21/12/2023

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About Lynton Community Care - Caerphilly

Type of care provided	Domiciliary Support Service
Registered Provider	Lynton Community Care Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since the service was registered under The Regulation and Inspection of Social Care (Wales) Act 2016
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

This service was registered by Care Inspectorate Wales (CIW) in April 2023 to provide care and support to people living in their own homes in the Gwent area. The provider operates another more established service in Cardiff. The Responsible Individual (RI) is closely involved in the day to day running of the service. They are supported by the manager who has recently been registered by Social Care Wales, the workforce regulator.

People and their relatives are very complimentary about the professional and friendly way the service is run. People receive their calls at the planned times and can easily get in touch with the office if they have any queries. Care staff are knowledgeable, motivated and support people with genuine compassion.

Plans record how people would like to be supported, there are some gaps in these plans of important information which the manager is working to address. Accurate records are kept of the care provided.

Well-being

People and their relatives told us they are very happy with the support they receive from Lynton Community Care and how well organised the service is. They told us about how reliable and kind the care staff are and gave examples of where they have been supported by the service to obtain specialist equipment to meet their needs.

One person's family told us "*The girls are really good with X; they treat us all well and enjoy having a laugh and a joke with him. They always go the extra mile; nothing is too much trouble for them.*" Another person who receives support said "*They are very good, the staff are pleasant, kind, and smart. If ever they have a query, they just ring the office and get it sorted out quickly.*"

People are protected from harm and abuse. The provider has a safeguarding policy, and care staff know how to report concerns. The provider works openly with other agencies to ensure people are kept safe.

Care and Support

People's support visits are planned at times which meet their needs. The provider is proactive in making changes to meet people's needs as required. Care staff arrive on time and provide the support, which is planned. Good evidence is recorded of the care provided in the care notes. Care staff are confident, friendly, and very helpful. They know the people they support well and have good communication with family members involved in their care. Referrals are made to health and social care professionals promptly when required and advice from professionals is followed.

People's care and support needs and preferences are recorded in their files. This information is not contained within one personal plan, and some important information is missing. People who are assessed as being at high risk of pressure wounds, did not have this information contained in their plans. Some desired outcomes are recorded, but not always the most important ones, such as 'I would like to continue to live independently in my own home.' While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported with their medication, where this is required. The provider has a safe management of medication policy. Overall records are kept accurately but we did identify occasional gaps in records. Gaps are identified and addressed by the manager when they occur. Care staff are trained in infection prevention and control procedures and wear the appropriate Personal Protective Equipment (PPE) as required.

Leadership and Management

The RI is involved in the day-to-day running of the service. They meet with people who are supported, and care staff frequently to gain their views on how well the service is run. A six-monthly quality of care report is completed which identifies areas where the service is doing well and where they can make improvements. This report does not clearly evidence analysis of key events, which is required. The RI assured us they would address this. The statement of purpose was reviewed during our inspection and accurately describes the service provided. A new manager has recently been appointed, who is well respected by the care staff and people who receive support.

Care staff are safely recruited, we reviewed staff files and saw the required information is well organised. This includes references from previous employers, proof of identification, and Disclosure and Barring Service (DBS) checks. A sufficient number of staff are employed, and their 'care runs' are well planned to allow time to support people and travel between calls. Care staff feel valued and well supported by the manager and RI. The care staff work well as a team and cover for each other when required. Communication is good between the team.

Care staff receive a thorough induction when they start, as well as ongoing training related to their duties. They feel confident to carry out all the tasks required of them. The manager completes one-to-one supervision meetings with each member of care staff. Records of discussions about work performance, development opportunities, and suggestions of how to improve are kept.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
15	Personal plans do not contain all of the information necessary to support people to achieve good outcomes	New

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